

Health Department, City of Baltimore.

Permit No.

A 601

Office of Registrar of Vital Statistics.

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. *26*

Date of Death,

June 24th 87
John Carter Jr

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Farmer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Loudon Co Virginia

Duration of Residence in the City of Baltimore,

Two months

Place of Death, { Give Street and Number. }

*University Hospital*Cause of Death, { First (Primary),
Second (Immediate), }*Tuberculosis prostatitis (Septicemic)
Exhaustion - Heart failure*

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial, *Loudon Co Va*Date of Burial, *June 25 1887**C. W. Mitchell*

M. D.

{ Undertaker, *J. B. Cook* }

Medical Attendant.

{ Place of Business, *1003 W. Balto* }Address, *University Hospital*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

4729 Transcr

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this volume.

Health Department, City of Baltimore.

Permit No. **A. 602**

Office of Registrar of Vital Statistics.

Ward **6 1/2**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, **JUN 25 1887** within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. **D**

Date of Death,

June 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Julia Bowie

Sex, **Male** or **Female**, { Cross out the word not required in this line.

Female

Age, **24**

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Married

Occupation,

House Wife

Birth Place, { State or country, and how long in the United States if of foreign birth.

St. Marys Co. MD

Duration of Residence in the City of Baltimore,

9 years

Place of Death, { Give Street and Number

#1241 North Wolfe St

Cause of Death, { First (Primary),

Consumption of Lung

Second (Immediate),

Duration of Last Sickness,

4 Months

All the above information should be furnished by the Physician.

Place of Burial, **Laurel Cemetery**

Date of Burial, **June 26 1887**

W. E. Cooke

M. D.

Undertaker,

J. McNamee

Medical Attendant.

Place of Business, **631 Howard**

Address, **1519 E Baltimore St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 603

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bonner Fisher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, 4 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give Street and Number. }

2140 Worthing St
Injuring to Blunt & Lange
Apartment

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Iron City Cemetery

Date of Burial, June 26th 1887

Undertaker, John A. D. M. D.

Place of Business, 2008 Orleans Address, 1917 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

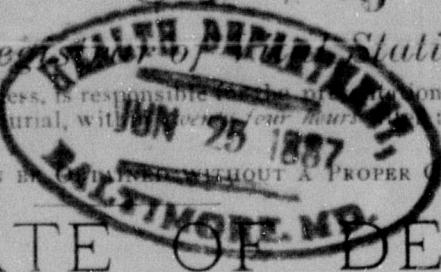
[OVER.]

Board of Health, City of Baltimore,

Permit No. A 604 Office of Registrar of Vital Statistics. Ward 1 1/2

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within ~~over four hours~~ of the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



73

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Stahn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 4 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and Number. } 1216 Beanton St.

Cause of Death, { First (Primary), Pneumonia involving measles
Second (Immediate). }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, June 25th 1887

Undertaker, John Herwig

Place of Business, 2008 Orleans Street

E. Gilman

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

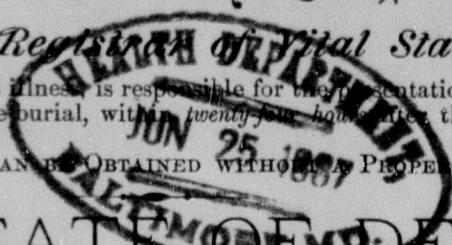
Permit No. **A 605**

Office of Registration of Vital Statistics.

Ward **17**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 24th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lilly U. Main

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **5** Years, **5** Months, **24** Days

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1607 Hermans Al.

Cause of Death, { First (Primary),
Second (Immediate), }

Gastro-Enteritis

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, **Lander Park**

Date of Burial, **June 26th 1887**

Robert S. Rowe M. D.

Undertaker, **B. Harle**

Medical Attendant.

Place of Business, **115 West St.**

Address, **1019 Light St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

Health Department, City of Baltimore.

Permit No. A 606

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Permelia F. Moxley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, 6 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

N. W. Cor. Lancaster & Broadway

Cause of Death, { First (Primary),
Second (Immediate), }

apoplexy

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount, Baltimore

Date of Burial, June 26 1887

Undertaker, H. C. Sander

Place of Business, 1710 Lancaster, Baltimore

John H. Rehberger

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

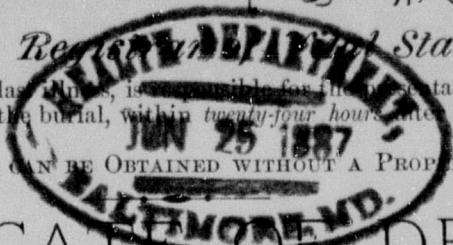
Permit No. A 607

Office of Registration and Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Grimes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, 9 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. }

31 Franklin

Cause of Death, { First (Primary), }

Dyspepsia

Second (Immediate), Paralytic

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, June 26/87

{ Undertaker, H. Sanders son

{ Place of Business, 1710 Carlton Street

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department of the City of Baltimore.

Permit No. A 608 Office of Registrar of Vital Statistics. Ward 13²

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death,

24 June 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Grotke Gerst

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months,

Day

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

804 west Pratt

Cause of Death, { First (Primary),
Second (Immediate), }

Dysphena

Duration of Last Sickness,

All the above information should be furnished by the Physician.

2 days

Place of Burial,

St. James Cemetery

Date of Burial,

25th

D. S. Hoffman

M. I.

Medical Attendant.

{ Undertaker,

John J. Cowan

{ Place of Business,

901 Hollins St.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 109

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

John Westley Snyder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Granby St 1066.

Cause of Death, { First (Primary), Cholera Infantum. }
Second (Immediate), Phaenix

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, June 26th 1887

Undertaker, H. Hofmann John A. Schulte M. D.

Place of Business, 261 N. Euboea Address, 2 E. Han Long, Baltimore

Medical Attendant.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

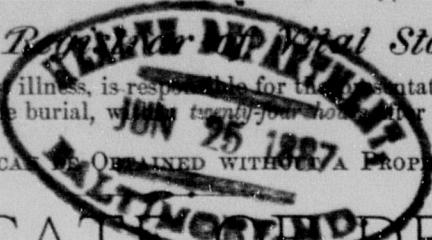
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department, City of Baltimore.

Permit No. A 610 Office of ~~REGISTRATION~~ Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, June 25Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary GrahamSex, Female, { Cross out the word not required in this line. }Age, 53 Years, 0 Months, 0 DaysColor, whiteMarried, Single, Widow or Widower, { Cross out the words not required in this line. }Occupation, HousewifeBirth Place, { State or country, and how long in the United States, if of foreign birth. } AmericanDuration of Residence in the City of Baltimore, alwaysPlace of Death, { Give Street and Number. } 2430 Canton Ave.Cause of Death, { First (Primary), Second (Immediate), } Bronchitis - Pneumonia
2nd austingDuration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount CemeteryDate of Burial, June 25 1887 Frank C. Brooks M. D.Undertaker, Evans & Spence

Medical Attendant.

Place of Business, 1000 E. Baltimore Address, 1711 Back

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]